

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90056 040 ****61.25

DOCUMENT # N01000004415					
1. Entity Name ORANGE COUNTY SUBSTITUTE TEACHERS ASSOCIATION, INC.					
Principal Place of Business 802 EAST 6TH STREET APOPKA, FL 32703			Mailing Address 802 EAST 6TH STREET APOPKA, FL 32703		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3494472	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MCBEE, MILDRED E 802 E. 6TH STREET APOPKA, FL 32703			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD	NAME MCBEE, MILDRED E	<input checked="" type="checkbox"/> Delete	TITLE PD	NAME David Crosby	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 802 EAST 6TH STREET	CITY-ST-ZIP APOPKA, FL 32703		STREET ADDRESS 4531 Point Lookout Rd.	CITY-ST-ZIP Orlando, FL 32803	
TITLE V	NAME WILLIAMS, MARY C	<input checked="" type="checkbox"/> Delete	TITLE V	NAME Murphy, Bob	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 802 EAST 6TH STREET	CITY-ST-ZIP APOPKA, FL 32703		STREET ADDRESS 2927 Bower Rd.	CITY-ST-ZIP Winter Park, FL 32792	
TITLE SD	NAME DIGIOVANNI, VICKIE	<input checked="" type="checkbox"/> Delete	TITLE SD	NAME Witherspoon, Roberta	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 802 EAST 6TH STREET	CITY-ST-ZIP APOPKA, FL 32703		STREET ADDRESS 4948 Goucher Lane	CITY-ST-ZIP Orlando, FL 32821	
TITLE TD	NAME SYDNOR, PEARL	<input checked="" type="checkbox"/> Delete	TITLE TD	NAME McBee, Mildred	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 802 EAST 6TH STREET	CITY-ST-ZIP APOPKA, FL 32703		STREET ADDRESS 802 E. 6th st.	CITY-ST-ZIP Apopka, FL 32703	
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 2nd Vice	NAME Spangenberg, Daryl	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 4600 Robbins Ave.	CITY-ST-ZIP Orlando, FL 32808	
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Mildred McBee (Mildred McBee)</u> <u>2/1/05</u> <u>407884-7203</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					